

| | | | | |
|---------------|-------------|---------|----------------|------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTN |
| 09/002,958 | 01/06/98 | 705/003 | 2772 2764 | 54 |

APPLICANT

FRANZISKA SHEPARD, SANTA MARIA, CA.

CONTINUING DOMESTIC DATA

VERIFIED

S.N. 08/611,642 which is US Pat.
5,704,371

371 (NAT'L STAGE) DATA

VERIFIED

~~US Pat. 5,704,371 1/06/98~~CAN

FOREIGN APPLICATIONS

VERIFIED

CAN

FOREIGN FILING LICENSE GRANTED 04/02/98

***** SMALL ENTITY ** **

| | | | | | | |
|---|--|---|---------------------|-------------------|-----------------|----------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | <input checked="" type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEX CLAIM |
| Verified and Acknowledged | <u>CAN</u> Examiner's Initials | <u>CAN</u> Initials | CA | 21 | 33 | |

ADDRESS

DANIEL J MEANEY JR
P O BOX 22307
SANTA BARBARA CA 93121

TITLE

MEDICAL HISTORY DOCUMENTATION SYSTEM AND METHOD

FILING FEE
RECEIVED

\$661

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Pre)
- ☐ 1.18 Fees (Is)
- ☐ Other _____
- ☐ Credit